CLAIMS AS FILED - PART		PATENT APPLICATION FEE DETERMINATION RECORD								Application or Docket Number			
Column 1		Effective December 8, 2004								10/557,286			
U.S. NATIONAL STAGE FEES   SAMALENT. = 1 150   LARGE ENT. = 1 300	-		CLAIMS AS FILED - PART I SMALI								OTHE	R THAN	
BASIC FEE  SMALL ENT. = 1 150  LARGE ENT. = 3 300  EXAMINATION FEE  Salisfies PCT Ardice 33(1)  All other situations = 10 19 19 20 = 10 10 14 20 11 10 10 11 10 10				(Col	umn 1)	(Column 2)				OR	SMALL	- ENTITY	
EXAMINATION FEE	L	J.S. NATIONA					RATE	FÉE		RATE	FEE		
SEARCH FEE	е	ASIC FEE	SMALL E	NT, = \$ 150	LARGE ENT. = \$ 300		BASIC FEE		OR	BASIC FEE			
SEARCH FEE	E	HOITANIMAX	1	• • • • • • • • • • • • • • • • • • • •		]	EXAM. FEE			EXAM, FEE			
TOTAL CHARGEABLE CLAIMS	s	EARCH FEE	ALL other	countries =			SEARCH FEE			SEARCH FEE			
TOTAL CHARGEABLE CLAIMS	FI	EE FOR EXTRA	m	inus 100 =	/ 50 =		X \$ 125 =			X \$ 250 =			
MULTIPLE DEPENDENT CLAIM PRESENT  If the difference in column 1 is less than zero, enter "0" in column 2  CLAIMS AS AMENDED - PART II  (Column 1)  (Column 2)  (Column 3)  SMALL ENTITY  OR  OR  TIONAL  FEE  OR  TOTAL ADDIT  TOTAL ADDIT  FEE  OR  TOTAL ADDIT  TOTAL ADDIT  FEE  TOTAL ADDIT  TOTAL ADDIT  FEE  TOTAL ADDIT  TOTAL ADDIT  TOTAL ADDIT  TOTAL ADDIT  TOTAL ADDIT  FEE  TOTAL ADDIT  TOTAL	Ť	TAL CHARGE	12 minus 20 = .		4	-	X \$ 25 =		OR	X \$ 50 =			
* If the difference in column 1 is less than zero, enter "0" in column 2  CLAIMS AS AMENDED - PART II  (Column 1)  (Column 2)  (Column 3)  CLAIMS  REMAINING AFTER AMENDMENT  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  (Column 2)  (Column 3)  (Column 3)  (Column 3)  Total  ADDITATIONAL FEE  ADDITATIONAL FEE  (Column 4)  (Column 5)  (Column 6)  (Column 1)  (Column 2)  (Column 3)  (Column 3)  (Column 3)  (Column 3)  RATE  TOTAL  ADDITATIONAL FEE  (Column 1)  (Column 2)  (Column 3)  RATE  TOTAL ADDIT. FEE  (Column 1)  (Column 2)  (Column 3)  RATE  TOTAL ADDIT. FEE  (Column 1)  (Column 2)  (Column 3)  RATE  TOTAL ADDIT. FEE  OR  X \$ 200 =  TOTAL ADDIT. FEE  TOTAL ADDIT. FEE  TOTAL ADDIT.  OR  TOTAL ADDIT. FEE  TOTAL ADDIT.  OR  TOTAL ADDIT. FEE  TOTAL ADDIT. FEE  TOTAL ADDIT. OR  TOTAL ADDIT.	(N	DEPENDENT C	1	minus 3 =	•		X \$ 100 =		OR	X \$ 200 =			
CLAIMS AS AMENDED - PART II	M	JLTIPLE DEPE	NDENT CLAIM PI	RESENT				+ \$ 180 =		OR	+ \$ 360 =		
Column 1   Column 2   Column 3   SMALL ENTITY   OR   SMALL ENTITY	F	* If the difference in column 1 is less than zero, enter "0" in column 2								OR	TOTAL		
REMAINING AFTER AMENDMENT   PRESENT PREVIOUSLY PAID FOR	(Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENT												
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	AMENOMENT A		REMAINING AFTER		NUMBI PREVIOL	ER PRESENT ISLY EXTRA		RATE	TIONAL		RATE	ADDI- TIONAL FEE	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		Total	•	Minus	••	=		X \$ 25 =		OR	X \$ 50 =		
TOTAL ADDIT.   OR   TOTAL ADDIT.   FEE		Independent	•	Minus	***	=		X \$ 100 =		OR	X \$ 200 =		
Column 1)		FIRST PRES	NULTIPLE DEF	LTIPLE DEPENDENT CLAIM			+ \$ 180 =		OR	+ \$ 360 =			
CLAIMS REMAINING AFTER AMENDMENT  Total  Tot							•			OR			
CLAIMS REMAINING AFTER AMENDMENT  Total  Tot			(Column 1)		(Column	2) (Cokmp 3)					·		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			CLAIMS REMAINING AFTER		HIGHES NUMBE PREVIOUS	R PRESENT SLY EXTRA		RATE	TIONAL		RATE	ADDI- TIONAL FEE	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	AMENDMEN	Total	o	Minus	co	=		X \$ 25 =	ĺ	OR	X \$ 50 =		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		Independent	*	Minus	***	=		X \$ 100 =		OR	X \$ 200 =		
The state of the s	•	FIRST PRESENTATION OF MULTIPLE DEPENDENT C			ENDENT CL	AIM 🔲		+ \$ 180 =		OR	+ \$ 360 =		
		<del></del>		······································			7			or T			
" If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  """ If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.													

FORM PTO-875 (Rev. 02/2005)

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